



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES.
SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

03 DEC 11 PM 12:50

Reg. # 2003345002

1. Committee Identification No. <u>137316</u>		MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN	
2. Type of Filing a. <input checked="" type="checkbox"/> Original OR b. <input type="checkbox"/> Amendment to Item(s) #		c. Date Change(s) Took Place / /	
3. Full Name Of Committee (must include candidate's first and last name) <u>Committee to elect Tadd Siglow</u>			
4. Candidate Last Name <u>Siglow</u>		First Name <u>Tadd</u> M.I. <u>D</u>	
4a. County of Residence <u>Macomb</u>		4b. Political Party (if applicable) <u>Republican</u>	
4c. Office Sought: (Check one)			
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court			
4d. District # or Jurisdiction		<input checked="" type="checkbox"/> Local or Other (Please Specify <u>Adm. V. Hagg P. Hagg</u>)	
5. Date Committee Was Formed <u>12-9-03</u> (Mo/Day/Yr)		6. Committee Area Code and Phone Number <u>586-752-6455</u>	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>449 NAWC931E LN</u> <u>Adm. MI 48065</u>		7a. Committee Street Address (May not be P. O. Box) <u>449 NAWC931E LN</u> <u>Adm. MI 48065</u>	
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.) <u>Christopher M. Zank</u> <u>13948 Michelle Ln</u> <u>Shelby Twp. MI 48315</u> Area Code and Phone <u>586-247-3653</u>		9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. <u>Christopher Zank</u> Area Code and Phone <u>586-247-3653</u>	
10. <input type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.			
11. Names and Addresses of depositories or intended depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)		12. This item applies only to a Gubernatorial Candidate Committee.	
11a. Official Depository: <u>REPUBLIC BANK</u>		<input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
11b. Secondary Depository:			
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Current Treasurer <u>CHRISTOPHER ZANK</u> Type or Print Name		Date <u>12-9-03</u> Mo Day Year	
Candidate <u>TADD SIGLOW</u> Type or Print Name		Date <u>12-9-03</u> Mo Day Year	



STATE OF MICHIGAN
BUREAU OF ELECTIONS

STATEMENT OF ORGANIZATION RECEIPT
AND
COMMITTEE IDENTIFICATION NUMBER ASSIGNMENT

CTE TODD SIGLOW
449 NEW CASTLE LN.
ROMEO, MI 48065

Original Statement of Organization — Acknowledgement of Receipt

This acknowledges receipt of the **Original Statement of Organization** from the committee named above.

Date and time received:

DECEMBER 11, 2003 @ 12:50 P.M.

Committee Identification Number Assignment

The identification number appearing below has been assigned to your committee. This number **must** be used on each page of all subsequent statements, reports, correspondence or other communications filed or submitted by your committee.

USE THIS NUMBER ON ALL DOCUMENTS

137316

Carmelle Schaefer

Signature

DECEMBER 11, 2003

Date

MACOMB

County

